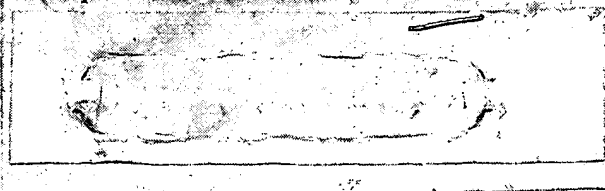




Class	Subclass

ISSUE CLASSIFICATION



PATENT NUMBER

U.S. UTILITY Patent Application

O.I.P.E. *MR* PATENT DATE  
SCANNED *El 3* O.A. *PM*

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/883893		221	46	34533	Butler

APPLICANTS  
Christopher Hewett

TITLE  
Tissue dispenser

PTO-2040  
1259

ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
INTERNATIONAL CLASSIFICATION							

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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>	
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			Amount Due	Date Paid
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